MERCY RESIDENTIAL & REHAB CENTER

2727 W MITCHELL ST

MILWAUKEE	53215	Phone: (414) 383-3699)	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	60	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	./04:	60	Average Daily Census:	59

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)						
Home Health Care No		Primary Diagnosis	*	Age Groups	e	Less Than 1 Year	51.7	
Supp. Home Care-Personal Care	No					1 - 4 Years	38.3	
Supp. Home Care-Household Services	ome Care-Household Services No Developmental Disabilities		0.0	Under 65	13.3	More Than 4 Years	10.0	
Day Services	y Services No Mental Illness (Org./Psy)		1.7	65 - 74	25.0			
Respite Care	No	Mental Illness (Other)	3.3	75 - 84	31.7		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26.7	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	1.7	95 & Over	3.3	Full-Time Equivalent	t	
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residents		
Home Delivered Meals No		Fractures	ctures 8.3 100.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	5.0	65 & Over	86.7			
Transportation	No	Cerebrovascular	11.7			RNs	10.0	
Referral Service	No	Diabetes	3.3	Gender	%	LPNs	8.3	
Other Services	Yes	Respiratory 11.7				Nursing Assistants,		
Provide Day Programming for	j	Other Medical Conditions	53.3	Male	35.0	Aides, & Orderlies	36.9	
Mentally Ill	No			Female	65.0			
Provide Day Programming for	ĺ		100.0	İ				
Developmentally Disabled No				İ	100.0	İ		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		:	Private Pay	:	:	Family Care			anaged Care	l		
Level of Care	No.	જે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	8.7	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.3
Skilled Care	19	100.0	317	21	91.3	124	5	100.0	131	6	100.0	196	7	100.0	124	0	0.0	0	58	96.7
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		23	100.0		5	100.0		6	100.0		7	100.0		0	0.0		60	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period	 		Total				
Percent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	1.9	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		63.3	36.7	60
Other Nursing Homes	1.3	Dressing	1.7		51.7	46.7	60
Acute Care Hospitals	96.9	Transferring	10.0		68.3	21.7	60
Psych. HospMR/DD Facilities	0.0	Toilet Use	13.3		58.3	28.3	60
Rehabilitation Hospitals	0.0	Eating	26.7		61.7	11.7	60
Other Locations	0.0	******	******	*****	******	******	******
Total Number of Admissions	160	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	11.7	Receiving Resp	iratory Care	11.7
Private Home/No Home Health	36.3	Occ/Freq. Incontiner	nt of Bladder	60.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	5.0	Occ/Freq. Incontiner	nt of Bowel	46.7	Receiving Suct	ioning	3.3
Other Nursing Homes	15.6	_			Receiving Osto	my Care	3.3
Acute Care Hospitals	15.0	Mobility			Receiving Tube	Feeding	3.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	33.3
Rehabilitation Hospitals	0.0					_	
Other Locations	3.1	Skin Care			Other Resident C	haracteristics	
Deaths	25.0	With Pressure Sores		5.0	Have Advance D	irectives	91.7
Total Number of Discharges		With Rashes		3.3	Medications		
(Including Deaths)	160				Receiving Psyc	hoactive Drugs	73.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	86.4	1.14	88.2	1.11	87.3	1.13	88.8	1.11
Current Residents from In-County	96.7	85.0	1.14	88.5	1.09	85.8	1.13	77.4	1.25
Admissions from In-County, Still Residing	18.8	18.1	1.04	21.6	0.87	20.1	0.93	19.4	0.97
Admissions/Average Daily Census	271.2	199.9	1.36	187.2	1.45	173.5	1.56	146.5	1.85
Discharges/Average Daily Census	271.2	201.1	1.35	182.1	1.49	174.4	1.56	148.0	1.83
Discharges To Private Residence/Average Daily Census	111.9	83.1	1.35	76.7	1.46	70.3	1.59	66.9	1.67
Residents Receiving Skilled Care	100	95.8	1.04	96.7	1.03	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	86.7	84.4	1.03	89.4	0.97	90.7	0.96	87.9	0.99
Title 19 (Medicaid) Funded Residents	38.3	61.2	0.63	48.4	0.79	56.7	0.68	66.1	0.58
Private Pay Funded Residents	10.0	13.7	0.73	31.2	0.32	23.3	0.43	20.6	0.49
Developmentally Disabled Residents	0.0	1.2	0.00	0.2	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	5.0	30.0	0.17	34.7	0.14	32.5	0.15	33.6	0.15
General Medical Service Residents	53.3	23.2	2.30	23.5	2.27	24.0	2.22	21.1	2.53
Impaired ADL (Mean)	60.0	52.9	1.13	50.4	1.19	51.7	1.16	49.4	1.21
Psychological Problems	73.3	51.7	1.42	58.0	1.26	56.2	1.31	57.7	1.27
Nursing Care Required (Mean)	7.9	8.4	0.94	7.3	1.09	7.7	1.03	7.4	1.07